MIHP Webcast
Feb 18, 2016
Q & A

Maternal Infant Health: Relevance through Health Equity (Dr. Renee Canady):

1. What was the name of the pediatric version of Unnatural Causes? You mentioned it earlier in the presentation and I missed the name.

   The title is *Raising of America*. www.raisingofamerica.org
   Unnatural Causes www.unnaturalcauses.org

2. Hi, Dr. Canady. Thanks for your presentation! An area that many, many MIHP providers have strongly advocated for is to have the transportation benefit returned to MIHP providers as it has been presented over and over to us as a barrier to the women we serve, especially when there's no OB provider in their county! We continue to advocate, but have seen no changes over the years. Thanks.

   Don't get tired of doing the right thing. Assume the best of people. You are articulating your concerns to the state – our partner. They are listening. As frustrated as you are, I know they get frustrated too that the system doesn't always move expediently. Continue to give voice. Change does happen. While you are waiting on institutional and structural change, be creative. What can you do in your sphere of influence with your power? Can you approach community foundations, community philanthropists, a large banks or insurance company and ask for transportation vouchers? Maybe you will come up with promising practice. Bureaucracies are important. They bring structure, quality, and safety, and sometimes slow response and slow processes. Trust your relationships with your colleagues at the state and continue to talk, advocate and push. "Be not weary in well-doing, for in due season you will reap if you faint not!" *The Apostle Paul*.

3. At times it feels as if the balance between the standardized regulated policies within MIHP parameters may restrict our professional abilities to meet the client needs; in other words the expectations may at times inhibit our abilities to provide individual service---some reflective thoughts from our team. Thank you, Dr. Canady. Any thoughts on enhancing this balance?

   This relates to the transportation question. There's change from the inside and change from the outside and pushing that has to happen to move forward. The bottom line is you have to take care of yourself so you can continue to articulate and you have to see this as a partnership. I'm relationship driven. I believe nothing happens outside of relationships. I believe Ronald David who said: *Relationships are primary, all else is derivative*. Continue to reach out to your state partners, not in a criticizing, condemning, complaining way, but in a heads-up, this-worked-well-for-us, could-we-do-more-of-this kind of way, as opposed

to this is a barrier to us. Evidence-based models and scientific fidelity research helps us have consistency that's replicable, but can sometimes cause challenges if we have a unique interpersonal dynamic that that doesn't fit with that model. Push on state leadership. Ask them if they can help you problem-solve, to come for a site visit or staff meeting or do a conference call. State leaders want to see you succeed and families need you to succeed. It is give and take. Don't be overly frustrated by the bureaucracy. Think about the two questions you need to ask: the first question (about your concern) and the deeper question that gets at solutions.

4. I have a client who is always in need of services such as diapers and taxi rides. I don't want to enable and have even given resources to get her what she needs. I feel like now she depends on me for items too often but at the same time I am trying to think of my client's infant daughter and do I really want her to sit in her dirty diaper since mom has no method of transportation. Any suggestions on empowering her?

   The empowerment model that I love comes from Healthy Families America; it is simple and to the point: "Do for, do with, cheer on!" There will be times, depending on your client's wellbeing and status that you may have to do things for her but the goal is always to engender autonomy. We can do that by observing times when the mom has been independent and applauding her in that case. You can then use that as an example to share that you want her to feel that type of accomplishment in other areas of her parenting and then give the example where you would hope she could grow. I believe empowerment and encouragement are twins. So through acknowledging accomplishments you then transition to "do with" and ultimately, the goal is seeing their independence and cheering them on!

5. Will this presentation be archived for viewing in the future? It would be beneficial to share this presentation with others in the agency.

   Yes. The archived webcast and PowerPoint presentations are now available at https://events.mphi.org/maternal-infant-health-program/.

6. The slides from Karen Lishinski are still up. Could we get a copy of the levels and a description Dr. Renee Canady is discussing?

   Dr. Kennedy's slides have been posted.

7. Thank you, great presentation, Dr. Canady.

   Thank you for letting us know that you appreciated it.

Cycle 6

1. When does Cycle 6 start?

   It is anticipated that Cycle 6 will start on July 1, 2016.

2. Do you have an idea as to when the Cycle 6 tool will become available?

   The *Cycle 6 Certification Tool* is in the process of being finalized. We will announce the release of the new *Cert Tool* to MIHP providers in an email.

ASQ

1. I know you said that there is a delay for new ASQ's sent to Agencies S-Z and we will receive interim material, but does this mean we will not receive new ASQ's at all? Could you clarify what this means?

   We did not indicate that we would provide interim materials. We have ordered the new ASQ materials for Agencies S-Z and will distribute them as soon as possible.

2. The ASQ: SE allows the screening to be done as early as one month of age, correct?

   Yes, the new *ASQ: SE-2* includes a 2-month questionnaire that can be administered from one month 0 days through 2 months 30 days.

MIHP Forms

1. Do MIHP staff reach out to current providers to see if any information has changed (i.e., fax, email, etc.) prior to finalizing update of the *Personnel Roster*?

   No, it is your responsibility to report any changes in *Personnel Roster* information.

2. How will we be notified when the roster is updated?

   Once MDHHS has revised the *Personnel Roster* form, notification will be sent via a coordinator email.

3. We don't see the maternal Consent to Release PHI in Spanish on the web site. Maybe it's in a different location? Should we continue to use the 2014 version of this form until it becomes available?
4. The Maternal Consent to Release PHI in Spanish and Arabic is NOT out there on the web site at the bottom – only the Maternal Consent to Participate. Please review the website. All infant consents are there, but not maternal.

5. Spanish Maternal Consent to Release PHI is not posted on the website. I have checked using IE and Chrome.
6. The MATERNAL Spanish and Arabic ROI's are NOT on the site. The incorrect forms were initially posted and taken down. They weren't there as of yesterday. When will they return?
7. When will the Maternal ROI Consent form and Consent to Transfer be available?

   All of the consents had been posted, but due to technical difficulties, some were no longer there for several weeks. They have all been reposted.

8. How are the coordinators notified of changes and availability of updated/revised forms/website changes?

   When new forms are released, there is typically a 3-month period of time to get feedback from the field. Corrections are then made. As of February 1, 2016, all forms are current. As long as you are using the forms with the correct date, you will be fine for your certification review. We always recommend that you print out a limited number of forms when they are first issued and then print the revised forms out one week before the required date. Web site changes occur several times a week to assure updated information is available. We encourage you to check the site regularly.

MIHP Training and TA

1. How do we download the slides from this webcast?
2. Will you be emailing us a copy of the power point?
3. Can the path to the early presentation slides be emailed to me or the path be referenced? I didn't get it correctly when it was given. I have the slides from Dr. Canady's portion of the presentation.

   The webcast and PowerPoint presentations are available now at https://events.mphi.org/mihp-webcast-resources/.

4. If I am unable to attend the training in June, is it alright if I send another staff member?

   Yes, if the coordinator is not available to attend, another MIHP staff member must attend in his or her place. You may send up to two MIHP staff to the coordinator trainings.

5. When will we be able to receive updated quarterly reports? Thank you.

   The updated quarterly reports are available in the CHAMPS mailbox with data through 6/30/15. The next quarterly reports with data through 9/30/15 will be available in mid-April. Please note that there is a 6-month delay from the end of the quarter to the date that the reports are posted in order to reflect Medicaid billings for services provided that quarter which were submitted after the quarter ended.

6. Is there still time to do the fatherhood survey?

   The survey was available through Feb. 29.

7. Just a comment about increasing Dad's involvement. You mentioned partnering with Child and Adolescent Health Centers and I also wanted you to know that the Healthy Families America program also has a strong focus on this area and Cynthia Zagar at MPHI is a great resource! Thanks!

   Thank you.

8. Although Flint is directly affected by the water crisis, in some way all of Michigan residents will be affected. What can MIHP programs do to help our moms be educated more about lead and help them feel safe?

   The MDHHS Childhood Lead Poisoning Prevention Program web site at www.michigan.gov/lead provides a great deal of information about lead poisoning prevention. It includes handouts for parents titled:
   Is Your Child Safe from Lead Poisoning?
   Pregnant and Nursing Mothers: What You Need to Know about Lead Poisoning

9. Thank you for the web cast and the answers to our questions.

   You're welcome.

Medicaid

1. Where can we find the contact information for the Medicaid Health Plans? We have two new plans but have not contact information for them. This information would be very much appreciated.

   The list of MIHP health plan contact persons at Key Contact Changes (at MIHP web site) has not yet been updated with the names of the MIHP contact persons for the two new health plans. We will let you know when this info becomes available from the health plans. Medicaid Health Plan general contact info can be accessed at MIHP web site: Medicaid Health Plan Contact and County Service Listing.

2. I am wondering if you could consider allowing Licensed Professional Counselors to work with MIHP in addition to LBSW and LMSW. LPC's are allowed to be reimbursed through Medicaid. Have similar educational vigor in terms of social and emotional and clinical vigor.

Thank you for your request to allow licensed counselors as MIHP providers. At this time, licensed RNs, licensed social workers, infant mental health specialists registered dietitians, and International Board Certified Lactation Consultants (who meet the qualifications outlined in MSA 1546) will remain the only MIHP-eligible providers.

A draft policy was sent out for review stating that an individual who is licensed as a social worker and who has one year of experience, meets the MIHP social worker staffing requirements. This means that LPCs who were grandfathered in as social workers years ago could continue to work in MIHP, even though they do not have social work degrees. Final policy, MSA 16-09 is effective May 1 and is posted on the Medicaid web site.

3. Do the proposed MIChild changes mean that these children can now be in MIHP?

   Yes. MIChild enrolled beneficiaries are eligible for Medicaid benefits, including MIHP.

4. Where do we refer the moms since Plan First is winding down?

   Refer individuals to 877 522-8050. MDHHS will conduct reviews to determine eligibility for other Michigan Medicaid programs.

5. We are working with health plans directly right now r/t dually enrolled Medicaid/Medicare recipients. We are experiencing great frustration over lack of payments by the health plans. We have waited months to receive payments submitted back in November. This is unacceptable. Has there been any progress in streamlining this process? It greatly affects paying our staff.

   The payment methodology for MIHP services provided to MIHealthLink enrollees should be included in the contractual agreements coordinated between the MIHP and the Integrated Care Organization. If you are unable to address your concerns for MIHealthLink participants directly with the ICO, please direct concerns or inquiries, including those related to billing, to integratedcare@michigan.gov.

   *****Please continue to keep the MIHP consultants abreast of any concerns regarding payment for services.***

6. Where can we find information on billing if a client is ICO?

   You must contact each ICO individually to inquire about billing procedures. Go to MI Health Link Information for Providers to obtain the ICO Contact List for Providers. You can email your questions and concerns to integratedcare@michigan.gov.

MIHP Transition to Medicaid Health Plans

A response to questions 1-8 below is provided after Question 8.

1. Since the managed health plans will be overseeing MIHP, does that mean that we will not be working with straight Medicaid? Could you elaborate on why or why not?

2. How will the MA Health Plans taking over MIHP affect current MIHP programs and practices? What does this mean?

3. What does "Medicaid Health Plan enrolled beneficiaries will be administered by the MHP?" How will this affect MIHP? What changes will be made? How should we prepare as MIHP programs? There should be providers on the work group to give you an on-the-ground perspective.

4. I am very concerned that the changes for 10/1/16, moving to the Medicaid Health Plans, might mean that my staff and I might be out of a job. Can you answer that question with any certainty? Thank you so much.

5. After 10/1/16, will billing need to go to each individual health plan or will it continue to go through CHAMPS and health plans will "pay" based on claims?

6. Will we still be using the CHAMPS system to bill claims after Oct. 1?

7. If the health plans are responsible for paying now, do we do anything different when we bill?

8. What happens if a client has straight Medicaid when MIHP transitions into the health plans?

   Effective October 1, 2016, MIHP services provided to individuals enrolled in a Medicaid Health Plan will be administered by the Medicaid Health Plan. As a result of this change, all MIHP services provided to Medicaid Health Plan enrollees will be coordinated and reimbursed by the Medicaid Health Plans. MIHP providers will be required to establish and maintain contractual agreements with Medicaid Health Plans in their service area to receive payment for claims for services provided to Medicaid Health Plan enrollees. There are no anticipated changes in the billing process or services provided to Medicaid Fee for Service beneficiaries, including MOMS beneficiaries.

   It will be important to continue to communicate with your Medicaid policy specialist at MDHHS. Medicaid will continue to oversee policy as it relates to the MIHP. As part of the upcoming program changes, MDHHS will be promulgating a proposed policy draft in the near future. MDHHS welcomes feedback from MIHP providers during this process and encourages interested parties to comment on proposed policy during the public comment

period when it is announced. Additional information regarding the transition will be provided to MIHP providers as it becomes available.

9. When referring to the managed health plans, does this include MIChild?

   When the MIChild beneficiary is enrolled in a managed health plan, communication related to the managed health plans includes the MIChild enrollee.

Questions Submitted by the West Michigan Regional MIHP Network February 2016

1. Can all MSA Bulletin changes be included in Coordinator's emails after they are approved? An example is this part of MSA 15-43:
   If the Risk Identifier does not indicate the need for MIHP services or when, after *completion of the Risk Identifier the beneficiary refuses services, the POC is not developed and the Discharge Summary is completed accordingly*.
   We recall other parts of this bulletin being included in communication to us, but not this particular part.

   As a Medicaid provider, you are responsible for thoroughly reading all Medicaid bulletins pertaining to MIHP as you receive them. If you currently are not signed up to receive Medicaid bulletins, please sign up today. We will continue to reference parts of certain bulletins when we are emphasizing a particular point, but you must be familiar with the bulletins in their entirety. Sometimes the final policy has been changed from the proposed policy, so you always need to read the final policy very carefully.

2. Are we allowed to bill for lactation consultants? This was a bullet point in the webinar, but it was not addressed.

   See MSA Bulletin 15-46 on Medicaid Coverage of Lactation Support Services, issued March 1, 2016, Effective April 1, 2016. Make sure you are on the list to receive Medicaid bulletins. Information on this policy was provided in #6 MIHP Coordinator Email FY 15-16. You can bill for Lactation Support Services as of April 1, 2016. The PVPN to document these services has been posted on the web site along with instructions for completing it.

3. Can we be notified every time an updated form is posted to the website? The Operation's Guide indicates this will be done, but has not been implemented (section 14.0, 3rd paragraph). We understand that we have been told that we have to check the website. There are over 70 forms posted on the website, and expecting 150 Coordinators to constantly review all of these for "potential" changes is unrealistic. It sets us up for failure!

The *MIHP Operations Guide* currently states: *When a form is revised, the date on the form will be changed. You will be notified via coordinator email whenever a form is revised. When there are major changes to the forms, they are generally issued three months prior to the effective date to allow for transition and staff training*. When we update the *MIHP Operations Guide*, we will include the following language:

> **When the new forms are released as a group in the fall, there is typically a 3-month period of time to solicit feedback from the field. Corrections are then made. We always recommend that you print out a limited number of forms when they are first issued and then print out the revised forms one week before the effective date.**

As of February 1, 2016, all forms are current. As long as you are using the forms with the correct date, despite the revision number, you will be fine for your certification review. Web site changes occur several times a week to assure updated information is available. We encourage you to check the site regularly.

4. When will the Spanish/Arabic versions of the Consent to Release Protected Health Information be available?

   They are posted now.

5. We are confused by language in the Instructions "Clarification on Select Interventions": **Infant Feeding and Nutrition.**

   Insert the date that you refer a beneficiary to an RD in the "Date Achieved" field for Intervention #13. This includes internal referrals to your agency's RD, as well as external referrals to WIC or other RD resources. Also check the "RD" box in the referral section of the Professional Visit Progress Note. Internal referrals require a medical provider order.

   Questions:

   a. Does the highlighted section apply to referrals to internal RD, external RD, or both?
   b. Also, the section in this same document for Maternal Nutrition does not have the same instructions. Shouldn't they be the same for both Nutrition domains?

   a. Both internal and external RD referrals must be documented as described above.
   b. Thank you for catching this. We will add "Also check the 'RD' box in the referral section of the Professional Visit Progress Note" to the Maternal Nutrition instructions so that they read exactly like the Infant Feeding and Nutrition instructions.

6. Please verify the process of completing an IRI when we go back to add a Medicaid number? Is it necessary to click "save and next" on each screen? Some programs are finding errors in updated IRIs when this process is not followed.

   Yes, you must click "save and next" on each screen or you will have problems.

7. Please share what errors and problems other programs are finding as part of the Coordinator's emails. Again, we are bound to fail when we don't know what we don't know!

   When an issue is systemic or affects multiple agencies, we most often do address it in a coordinator email and, depending on timing, may also emphasize it at a coordinator training. It is not administratively feasible to track every single question asked by 150 agencies, but we strive to identify trends, discuss them as a team, and work to address them.

8. When will an updated Review Schedule be posted? We have heard that some Cycle 5 reviews have been postponed, and some agencies are not listed on the current Cycle 6 schedule!

   The schedule will not be posted online. Your reviewer will contact your agency two months prior to our review. If you have questions about this, ask your consultant.

9. Question about having electronic medical records: Are programs allowed to have some portions of clients' charts electronic and some portions on paper? We have gotten different advice about this, and have been told the Operation's Guide, but are unable to find it.

   Please see 11.1 Maintenance of Records, *MIHP Operations Guide*.

10. Does MIHP set a time-frame for scanning documents into an EMR?

    Upon request by MDHHS staff or your certification reviewer, you must be able to produce any and all MIHP program and billing records.

11. Forms Instructions for Professional Visit Progress Note, page 3:
    First time mother definition: first time mother is someone who has given a live birth. This definition makes sense for when working with an infant beneficiary. It does not make sense for a pregnant beneficiary. Please define "first-time mother" for a pregnant beneficiary (first pregnancy, any pregnancy when a woman has not yet delivered a live baby, etc.)

    We have revised this language as follows:

    <u>First Time Mother?</u> If the beneficiary is a pregnant woman, check the yes box if she has not yet had a live birth. If she has had a miscarriage, abortion, or stillbirth, but not a live birth, she is still considered to be a first-time mother. All first-time mothers under this definition must be referred to CBE during this pregnancy. If the beneficiary is an infant, check the yes box if the infant was the mother's first live birth. Referral to CBE is not indicated in this instance.

12. There has been talk, for a number of years, about the development of an MIHP Advisory Committee. When will this happen?

    This is still a goal of the program, but due to competing priorities, we do not expect it to happen this year.

13. What other regional groups are meeting?

    We will update our information and provide it to you in a coordinator email.